



State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Jim Doyle, Governor
Jorge Gomez, Commissioner

Wisconsin.gov

125 South Webster • P.O. Box 7873
Madison, Wisconsin 53707-7873
Phone: (608) 266-3585 • Fax: (608) 266-9935
E-Mail: information@oci.state.wi.us
Web Address: oci.wi.gov

Notice of Adoption and Filing of Examination Report

Take notice that the proposed report of the market conduct examination of the

Dean Health Plan, Inc.
1277 Deming Way
Madison, WI 53717

dated April 7 - 18, 2003, and served upon the company on October 17, 2003, has been adopted as the final report, and has been placed on file as an official public record of this Office.

Dated at Madison, Wisconsin, this 28th day of January, 2004.

Jorge Gomez
Commissioner of Insurance

**STATE OF WISCONSIN
OFFICE OF THE COMMISSIONER OF INSURANCE**

MARKET CONDUCT EXAMINATION

OF

**DEAN HEALTH PLAN, INC.
MADISON, WISCONSIN**

APRIL 7 - 18, 2003

TABLE OF CONTENTS

	Page
I. INTRODUCTION	1
II. PURPOSE AND SCOPE	5
III. PRIOR EXAMINATION RECOMMENDATIONS	6
IV. CURRENT EXAMINATION FINDINGS	8
Electronic Commerce	
Grievance and IRO	
Managed Care	
Marketing, Sales and Advertising	
Privacy and Confidentiality	
Producer Licensing	
Rates and Forms	
Company Operations and Management	
V. CONCLUSION.....	22
VI. SUMMARY OF RECOMMENDATIONS	23
VII. ACKNOWLEDGEMENT	24



State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Jim Doyle, Governor
Jorge Gomez, Commissioner

Wisconsin.gov

April 18, 2003

Bureau of Market Regulation

125 South Webster Street • P.O. Box 7873
Madison, Wisconsin 53707-7873
Phone: (608) 266-3585 • Fax: (608) 266-9935
E-Mail: information@oci.state.wi.us
Web Address: oci.wi.gov

Honorable Jorge Gomez
Commissioner of Insurance
Madison, WI 53702

Commissioner:

Pursuant to your instructions and authorization, a compliance market conduct examination was conducted April 7 to April 18, 2003 of:

DEAN HEALTH PLAN, INC.
Madison, Wisconsin

and the following report of the examination is respectfully submitted.

I. INTRODUCTION

Dean Health Plan, Inc. (DHP) is licensed as a 611 stock insurance corporation, group model HMO, which incorporated in 1995. The company as originally incorporated was formed in 1983. DHP is a subsidiary of its parent corporation Premier Medical Insurance Group, Inc. (Premier). Premier is owned by SSM Health Care and Dean Health Systems, Inc.

All DHP primary and specialty care services are provided through a service agreement with Dean Health Systems Inc. (DHS), which owns Dean Physician Practice Association. DHP services not available through DHS are subcontracted to other providers. During the period of review, the company contracted with 466 agents. DHP operates only in Wisconsin.

In 2001 and 2002, the company operated in the southern 23 counties of Wisconsin excluding Milwaukee, Ozaukee, and Sheboygan counties. The plan offered six insurance products in these areas, which include point-of-service, Medicare select and Medicare cost, and triple option, high option and low option plans.

The following table summarizes the premium written and incurred losses in Wisconsin for 2001 and 2000 broken down by line of business.

2001

Line Of Business	Direct Premiums Earned	% of Total Premium	Direct Losses Incurred	Pure Loss Ratio
Comprehensive	\$395,283,761	88%	\$374,111,957	88%
Medical Only	0	0%	0	0%
Medicare Supplement	14,197,143	3%	13,436,729	3%
Dental	0	0%	0	0%
All Others	39,366,415	9%	37,257,910	9%
Total	\$448,847,319	100%	\$424,806,596	100%

2000

Line Of Business	Direct Premiums Earned	% of Total Premium	Direct Losses Incurred	Pure Loss Ratio
Comprehensive	\$317,127,349	86%	\$298,008,948	86%
Medical Only	0	0%	0	0%
Medicare Supplement	18,302,345	5%	15,782,677	5%
Dental	0	0%	0	0%
All Others	34,573,044	9%	30,735,889	9%
Total	\$370,002,738	100%	\$344,527,514	100%

Complaints

The Office of the Commissioner of Insurance (OCI) received 187 complaints against the company between January 1, 2001 through December 31, 2002. A complaint is defined as, “a written communication received by the Commissioner’s Office that indicates dissatisfaction with an insurance company or agent.”

During the year of 2001, OCI received 103 complaints against the company. During 2002, OCI received 84 complaints. The company's complaints decreased 19% from 2001 to

2002. The company received the majority of its complaints in the group accident and health line of business. DHP was not on the 2002 or 2001 above average complaint list for either individual accident, health, or group accident and health.

The following table summarizes the complaints received broken down by coverage type and reason type. There may be more than one type of coverage and/or reason for each complaint.

	Underwriting	Marketing & Sales	Claims	Policyholder Service	Other
Individual A&H			5		2
HMO	3		41	0	33
Total	3		46	0	35

Coverage Type	Underwriting	Marketing & Sales	Claims	Policyholder Service	Other
Individual A&H			5		1
HMO	1	1	36	1	48
PPO			8		2
Total	1	1	49	1	51

Grievances

The company submitted annual grievance experience reports to OCI for 2001 and 2002 as required by s. Ins 18.06, Wis. Adm. Code. A grievance is defined as, “any dissatisfaction with the provision of services or claims practices of an insurer offering a health benefit plan, or administration of a health benefit plan by the insurer that is expressed in writing to the insurer by, or on behalf of, an insured.”

The grievance report for 2000 indicated the company received 235 grievances. The majority of the grievances filed with the company in 2000 were related to non-covered benefits.

The grievance report for 2001 indicated the company received 269 grievances. The majority of the grievances filed with the company in 2001 involved either non-covered benefits or request for referral.

The following tables summarize the grievances for the company for 2001 and 2000.

2001

Category	No.
Out-of-Network Provider	42
Prescription Drug	21
Preexisting Condition	0
Out-of-Area Emergency	0
Emergency Room	0
Durable Medical	18
No Preauthorization	29
No covered Benefit	51
Not Medically Necessary	8
Usual and Customary	0
Request for Preauthorization	0
Request for Referral	52
Maximum Benefit Reached	10
Other	38
Total	269

2000

Category	No.
Access to Care	2
Continuity of Care	0
Drug & Drug Formulary	24
Emergency Services	2
Experimental Treatment	4
Prior Authorization	43
Not Covered Benefit	76
Not Medically Necessary	7
Other	21
Plan Administration	0
Plan Providers	0
Request for Referral	56
Total	235

II. PURPOSE AND SCOPE

A examination was conducted to determine compliance with recommendations made in the previous market conduct examination dated December 1998, and to determine whether the company's practices and procedures complied with the Wisconsin insurance statutes and rules. The examination focused on the period from January 1, 2001 through December 31, 2002. The examination focused on DHP group health insurance business. The areas reviewed during the examination were company operations and management, electronic commerce, grievances, marketing, sales and advertising, privacy, managed care, producer licensing, and policy forms along with a review of prior examination recommendations.

The report is prepared on an exception basis and comments on those areas of the company's operations where adverse findings were noted.

III. PRIOR EXAMINATION RECOMMENDATIONS

The previous market conduct examination of the company, as adopted July 21, 1999, contained 10 recommendations. Following are the recommendations and the examiners' findings regarding the company's compliance with each recommendation.

Policy Forms

1. It is recommended that DHP review and verify the form number on all policy forms at the time of reprinting to ensure that documents are identical to those approved by OCI in order to document compliance with s. 631.20, Wis. Stat.

Action: Compliance

Advertising

2. It is recommended that DHP utilize its full corporate name, Dean Health Plan, Inc., on each of its advertising materials as required by s. Ins 3.27 (12), Wis. Adm. Code.

Action: Compliance

3. It is recommended that DHP include with each direct mail advertisement in its advertising file, a notation indicating the manner and extent of distribution of the advertisement as required by s. Ins 3.27 (28), Wis. Adm. Code

Action: Compliance

4. It is recommended that DHP institute procedures to ensure that all advertisements that are invitations to apply, or invitations to inquire, include a form number as required by s. Ins 3.27 (26), Wis. Adm. Code.

Action: Compliance

Producer Licensing

5. It is recommended that DHP maintain documentation in its agency files that agents whose listing is terminated receive written notice of termination, including a request for return of all indicia of agency as required by s. Ins 6.57 (2), Wis. Adm. Code.

Action: Non-Compliance

Grievances and Complaints

6. It is recommended that DHP develop a procedure for allowing grievants with quality of care issues to appear before the grievance committee and to be notified of the final resolution of the grievance, including an explanation of the process for additional review by DHP and its committees, in order to comply with s. Ins 3.50 (10) (c) and (d), Wis. Adm. Code.

Action: Compliance

7. It is recommended that DHP verify prior to submission to OCI all information on grievances submitted on the grievance experience report in order to comply with s. Ins 3.50 (10) (g) 3, Wis. Adm. Code.

Action: Compliance

8. It is recommended that DHP institute a procedure for documenting and verifying that it reports all grievances received and handled by PDP for DHP enrollees as required by s. Ins 3.50 (10) (g) 3, Wis. Adm. Code.

Action: Agreement no longer in force

9. It is recommended that DHP ensure that adequate steps are in place so that grievances not resolved within 30 days generate a notice and explanation of extension to the grievant, as required by s. Ins 3.50 (10) (c), Wis. Adm. Code.

Action: Compliance

Prior Examination Report

10. It is recommended that DHP institute procedures to ensure that it is in compliance with prior examination report recommendations and submit these procedures to OCI within 60 days of the adoption of this examination report.

Action: Non-Compliance

IV. CURRENT EXAMINATION FINDINGS

Electronic Commerce

The examiners reviewed the company's response to the electronic commerce interrogatory, agent agreements and company's website. The website contained information regarding providers, facility locations, and a drug formulary. The company did not accept on-line or electronic applications.

The examiners found that the company's website contained an online provider directory. The examiners requested from the company a listing of those providers terminated within the 3 months prior to the examination in order to verify that terminated providers had been deleted from the company's online provider directory. The company provided a list identifying 27 terminated providers that was compared to the providers listed on the company's website. The examiners found that four providers who had terminated their relationship with the company in the month prior to the examination had not been deleted from its website. Although the company indicated that provider changes on its website are updated monthly, the examiners also found that two of the four providers terminated their agreements effective December 31, 2002, but remained listed on the website provider directory.

1. **Recommendation:** It is recommended that DHP develop and implement a process for ensuring that the provider directories available on its website are current and do not include providers whose contracts have been terminated.

The examiners found that the company's Wisconsin agency contract included general language that prohibited agencies and agents from distributing, using, publishing, or broadcasting in the media any pamphlet, booklet, advertising, or material identifiable with the company except as furnished or specifically authorized in writing by an officer of the company. However, the examiners found that the company did not have a process for monitoring agent websites to confirm that agents were in compliance with the agency contract. Section Ins 3.27, Wis. Adm. Code, establishes minimum standards of and guidelines for conduct in the

advertising and sale of insurance that prevent unfair competition among insurers and are conducive to the accurate presentation and description to the insurance buying public of policies of insurance.

2. **Recommendation:** It is recommended that DHP develop and implement a procedure for monitoring agent websites to ensure that all advertisements are included in the company's advertising file, as required by s. Ins 3.27, Wis. Adm. Code.

Grievances and IRO

The examiners reviewed the company's response to the grievance interrogatory, internal grievance process, independent review organization (IRO) procedures, grievance committee minutes, and grievance logs. The examiners also toured the company's mailroom, including an overview of its mailing process, to verify that the company date stamped correspondence on the date of receipt in order to document that the company met the requirements for responding to grievances.

The examiners reviewed a random sample of 50 grievances from calendar year 2001 and 50 grievances from calendar year 2002. The examiners also reviewed the four grievances that the company's annual grievance report for 2001 indicated had been withdrawn. The examiners found that the company had experienced a 19.4% (57 grievances) increase between 2001 and 2002. The company reported that it was aware of and had analyzed the increase in grievances. It reported that the increase was due to a growth in its membership, and also an increase in grievances concerning the drug and drug formulary category.

The examiners found that one of the company's 2001 grievances was not resolved within 30 days and no extension letter was sent to the grievant. Section Ins 18.03 (6), Wis. Adm. Code, provides that the company shall resolve the grievance within 30 days. If the grievance is not resolved in 30 days, the time period may be extended an additional 30 calendar days.

The examiners' review of the company's IRO process included a review of IRO procedures, policy and certificate of coverage language, sample explanation of benefits (EOB) forms and benefit denial letters, and a sample of nine independent review files. The examiners also interviewed the customer service director, call center manager, and grievance manager regarding the company's implementation of the independent review process.

The examiners found that DHP had developed and implemented written policies and procedures to notify members of the right to request and obtain an independent review of an

adverse determination or an experimental treatment determination. The examiners also found that the company had provided the required notices of the right to an independent review to its members.

The examiners found that DHP had developed and implemented written policies and procedures to notify OCI and the independent review organization (IRO) when it receives a member's request for an independent review and to submit all relevant documents to the IRO within the required timeframes. The examiners also found that the company has procedures to comply with the determination of the IRO.

No exceptions were noted regarding the IRO review.

Managed Care

Effective March 1, 2000, the market conduct requirements previously contained in s. Ins. 3.50, Wis. Adm. Code, were incorporated into subchapter III of ch. 9, Wis. Adm. Code. Effective December 1, 2001, s. Ins. 9.33, Wis. Adm. Code, was repealed and recreated as subchapter II of ch. 18, Wis. Adm. Code, titled grievance procedures. This report references cites in the administrative code as currently drafted.

The examiners reviewed the company's response to the managed care interrogatory, provider directories, the company's policies and procedures regarding plan administration; quality assurance and improvement; access to care; organizational charts, provider directories; network and provider contracts; credentialing and recredentialing process, and the medical director position description. The examiners also reviewed minutes of the committees involved with access and quality of care, provider credentialing, and the pharmacy and therapeutic committee minutes. The examiners verified that DHP's medical director was responsible for quality assurance activities, utilization management policies and oversight of the clinical protocols, as required by s. 609.34, Wis. Stat. DHP has been accredited by the National Committee for Quality Assurance (NCQA) since 1998, and has maintained an excellent accreditation rating since 2000. The examiners verified that the company had filed with OCI annual certification of managed care plan type as required by s. Ins 9.40 (8), Wis. Adm. Code.

The examiners' review of DHP's quality assurance process included a review of its quality improvement program description, quality assurance plan, and quality assurance program evaluations for 2001 and 2002. It also included a review of minutes from meetings of its quality and utilization management committee (QUM) committee. The examiners verified that the company had filed with OCI its quality assurance plan as required by s. Ins 9.40 (2), Wis. Adm. Code. The examiners found that the company's quality assurance standards met the requirements set forth in s. 609.32(1), Wis. Stat.

The examiners reviewed DHP's procedures for establishing and reviewing its access to care standards. The examiners found DHP had not filed with the OCI annual certification of access standards. Section Ins. 9.34 (1), Wis. Adm. Code, provides that an insurer offering a managed care plan no later than August 1 of each year shall submit an annual certification to the commissioner demonstrating compliance with the access standards of s. Ins 9.34, Wis. Adm. Code, and with s. 609.22, Wis. Stat., and s. Ins 9.32, Wis. Adm. Code, for the preceding year.

3. **Recommendation:** It is recommended that DHP annually submit to the OCI the certification of its access standards as required by s. Ins 9.34 (1), Wis. Adm. Code.

The examiners' review of the company's activities regarding continuity of care included a review of its continuity of care policy and procedure, claim processing policies and procedures, and provider agreements. The examiners found that the company's procedures regarding continuity of care met the requirements of s. 609.24, Wis. Stat., which provides that, if the company represented that a provider was or would be a participating provider in marketing materials, it continue to provide coverage to enrollees for services of the provider for the time periods specified therein.

The examiners reviewed a random sample of 50 credentialing files in order to document that the company had in place and followed its credentialing requirements. No exceptions were noted regarding the credentialing review.

Marketing, Sales & Advertising

The examiners reviewed the company's response to the marketing, sales and advertising interrogatory, producer sales and training guides, and the company's advertising files. The examiners also interviewed the company's marketing director. The company's group sales and retention and the planning and development departments were responsible for the marketing, sales and advertising.

The examiners reviewed a random sample of 50 advertisements in the company's advertising file. The examiners found that the company had complied with prior market conduct examination recommendations regarding company advertising. No exceptions were noted regarding the company's advertising file.

Privacy & Confidentiality

The examiners reviewed the company's response to the privacy of consumer financial and health information interrogatory, its privacy policy, privacy policies and procedures manual, confidentiality agreement for employees, process for notifying customers of privacy policy, privacy notice and authorization for disclosure of health information. The examiners also interviewed the company's privacy officer regarding the history and current status of its efforts toward instituting a confidentiality and privacy process.

The examiners found that the company had developed a privacy program, including oversight by the board of directors, and executive staff. It had appointed a privacy officer who is responsible for developing the privacy policy. The company had a HIPAA steering committee that consisted of managers from those areas most significantly impacted by privacy issues. The company had identified the types of information that it maintained that met the definition of nonpublic personal information. The company also had developed procedures regarding terminating electronic and security access in the event of employee termination.

DHP documented that it had a process for orientation of new employees to its privacy and confidentiality process, and that it had a formal, scheduled training program for new and existing employees. The company had developed and required that its employees sign a confidentiality agreement.

DHP stated that it will require its listed insurance agents to sign a business associate agreement regarding the confidentiality of medical and personal information in order to meet HIPAA requirements. The company documented that it has drafted this agreement. The company stated that it will require signed agreements from all its agents no later than the third quarter of 2003.

DHP documented that it had provided to its customers during the fall of 2001 a copy of its privacy notice. The company included in its member's handbook the privacy notice in order to meet the annual notice requirement. The company's privacy notice was also available on its website.

DHP documented that it had conducted internal audits of its privacy and confidentiality process. The company also documented that it contracted for an external security assessment.

The examiners reviewed the company's records disposition and destruction service agreement. The examiners found that the agreement did not address the vendor's responsibility for disposal of records containing personal information. The company reported that it would require that its vendor sign a business associate addendum within the next quarter.

The examiners found that the company had made a significant effort toward meeting the privacy and confidentiality requirements under s. 610.70, Wis. Stat., and ch. Ins 25, Wis. Adm. Code.

Producer Licensing

The examiners reviewed the company's response to the producer licensing interrogatories, standard agent agreement, agent complaint process, and agent files. The company's sales and retention department was responsible for the management of the agent contracts, agent appointments, and terminations during the period of review.

The examiners requested from DHP a listing of all Wisconsin agents that represented the company as of the date the listing was run. The agent listing data provided by the company was compared to the company's agent database maintained by OCI. The examiners found that five agents were included as listed with the company in the OCI agent database but were not included on the listing provided by the company. The company reported that it was not able to explain the discrepancy. The examiners found that DHP did not reconcile the annual billing statement it received from OCI with its internal agent list, in order to identify discrepancies between its agent records and those of OCI. Section Ins 6.57, Wis. Adm. Code, provides the requirements for the listing and termination of agents.

4. **Recommendation:** It is recommended that DHP develop and implement procedures, including reconciling the annual billing statement from OCI, for maintaining accurate and current information on its agent database that corresponds with the OCI listing information in order to document compliance with s. Ins 6.57, Wis. Adm. Code.

The examiners reviewed a random sample of 25 active and 25 terminated DHP agent files. The examiners found that DHP had not complied with prior examination recommendation. The examiners found that nine terminated agent files did not include documentation that DHP had sent a termination letter to the agent requesting return of indicia. DHP reported that in April 2001 it conducted an internal audit of its producer licensing practices and procedures, and by September 2001 had implemented changes to ensure that it documented that all agents receive termination letters that include a request for return of indicia. Section Ins 6.57 (2), Wis. Adm. Code, provides that prior to or within 7 days of filing termination

notice, the insurer shall provide the agent written notice that the agent is no longer to be listed as a representative of the company and that he or she may not act as its representative.

5. **Recommendation:** It is again recommended that DHP maintain documentation in its agency files that agents whose listing are terminated receive written notice of termination including a request for return of all indicia of agency as required by s. Ins 6.57 (2), Wis. Adm. Code.

Rate and Forms

The examiners reviewed the company's response to the rates and forms interrogatory, policy forms, mandated benefits, and process for monitoring changes in insurance law.

The examiners compared a listing of policy forms used by the company during the period of review with that maintained on the OCI's approved policy form database. The examiners found that DHP could not provide documentation that OCI had reviewed and approved employer group application (form number 10170-1198). The examiners also identified one policy form submission that DHP could not document had been filed with and approved by OCI. The examiners verified that the form had been approved and was entered in OCI's forms database. Section 631.20, Wis. Stat., provides that no form subject to s. 631.02 (1), Wis. Stat., may be used unless it has been filed with and approved by the commissioner, and unless the insurer certifies that the form complies with chs. 600 to 655 and rules promulgated under chs. 600 to 655.

6. **Recommendation:** It is recommended that DHP ensure that it maintains documentation that all forms are filed with and approved by the OCI prior to use, in order to comply with s. 631.20 (1), Wis. Stat.

The examiners verified that the company had submitted to OCI and received approval of language in its policy and certificate of coverage forms regarding the recent changes to Wisconsin insurance law involving the diabetic mandate and transition treatment mandate.

Company Operations and Management

The examiners reviewed the company's response to the company operations and management interrogatory, sample provider agreements, audit reports and board of director minutes.

The examiners reviewed a random sample of 51 executed provider facility agreements. The examiners found that the company primarily contracted with facilities that, in turn, had agreements with individual health care providers. The actual provider agreements are separate and maintained at the respective facilities. The examiners found that the company had provider contracts in force that referenced s. Ins 3.50, Wis. Adm. Code, which effective March 1, 2000, was incorporated into ch. Ins 9, Wis. Adm. Code. The examiners also found that the grievance procedure provision 2.4 in its practitioner provider agreement did not include language that required a prompt response to complaints and grievances filed with the insurer. Section Ins 18.03 (2) (c) 1 a, Wis. Adm. Code, provides that any health benefit plan that is a managed care plan shall include in each contract between it and its providers, a provision that requires the contracting entity to promptly respond to complaints and grievances filed with the insurer to facilitate resolution.

7. **Recommendation:** It is recommended that DHP ensure its provider contracts and provider manuals contain grievance language that is compliant with s. Ins 18.03 (2) (c) 1a, Wis. Adm. Code.

DHP had a corporate internal audit department. The department was responsible for compliance, financial and operational audits. The examiners reviewed the internal audit reports for the period of review. No exceptions were noted regarding the company's internal auditing process.

As this examination found that the company was not compliant with two prior recommendations, the examiners also found that it failed to comply with the prior recommendation that it institute procedures to ensure compliance with prior examination report recommendations.

8. **Recommendation:** It is again recommended that DHP institute procedures to ensure that it is in compliance with prior examination report recommendations and submit these procedures to OCI within 60 days of the adoption of this examination report.

V. CONCLUSION

The prior examination report contained 8 market conduct recommendations in the areas of policy forms, marketing, sales & advertisement, producer licensing, and company operations and management. The company was found to be out of compliance with two prior examination recommendations. The prior managed care desk audit included no recommendations. In addition to the two repeat recommendations, six new recommendations were written in the areas of company operations and management, electronic commerce, grievances, managed care, producer licensing, and rates and forms.

VI. SUMMARY OF RECOMMENDATIONS

Electronic Commerce

- Page 08 1. It is recommended that DHP develop and implement a process for ensuring that the provider directories available on its website are current and do not include providers whose contracts have been terminated.
- Page 09 2. It is recommended that DHP develop and implement a procedure for monitoring agent websites to ensure that all advertisements are included in the company's advertising file, as required by s. Ins 3.27, Wis. Adm. Code.

Managed Care

- Page 13 3. It is recommended that DHP annually submit to the OCI the certification of its access standards as required by s. Ins 9.34 (1), Wis. Adm. Code.

Producer Licensing

- Page 17 4. It is recommended that DHP develop and implement procedures, including reconciling the annual billing statement from OCI, for maintaining accurate and current information on its agent database that corresponds with the OCI listing information in order to document compliance with s. Ins 6.57, Wis. Adm. Code.
- Page 18 5. It is again recommended that DHP maintain documentation in its agency files that agents whose listing are terminated receive written notice of termination including a request for return of all indicia of agency as required by s. Ins 6.57 (2), Wis. Adm. Code.

Rates and Forms

- Page 19 6. It is recommended that DHP ensure that it maintains documentation that all forms are filed with and approved by the OCI prior to use, in order to comply with s. 631.20 (1), Wis. Stat.

Company Operations and Management

- Page 20 7. It is recommended that DHP ensure its provider contracts and provider manuals contain grievance language that is compliant with s. Ins 18.03 (2) (c) 1a, Wis. Adm. Code.
- Page 21 8. It is again recommended that DHP institute procedures to ensure that it is in compliance with prior examination report recommendations and submit these procedures to OCI within 60 days of the adoption of this examination report.

VII. ACKNOWLEDGEMENT

The courtesy and cooperation extended to the examiners during the course of the examination by the officers and employees of the company is acknowledged.

In addition, to the undersigned, the following representatives of the Office of the Commissioner of Insurance, state of Wisconsin, participated in the examination.

<u>Name</u>	<u>Title</u>
Marcia Zimmer MHP, HIA, AIRC, ACS, AIE	Insurance Examiner
Ken Hendree	Insurance Examiner
Barbara Belling	Managed Care Specialist
Diane Dambach	Section Chief

Respectfully submitted,

Kevin Zwart
Examiner-in-Charge